



## STUDY OF THE U.S. INSTITUTES(SUSI) SCHOLAR NOMINATION FORM

### **A. Title of Institute**

Select

### **B. Nominee's Full Name, Exactly As It Appears on Nominee's Passport**

Prefix: Select...

Last Name:

First Name:

Middle Name:

### **C. Gender**

- ☐ Male  
☐ Female

### **D. Date of Birth**

Type mm-dd-yyyy and click on calendar menu to confirm Month, Day, and Year.

### **E. City of Birth**

### **F. Country of Birth**

### **G. Citizenship**

Primary:

Secondary:

(if applicable)

### **H. Residency**

### **I. Medical, Physical, Dietary or Other Personal Considerations**

Disability: Select...

Please describe any pre-existing medical conditions, including any prescription medication nominee may be taking, or any other dietary or personal consideration.

This will not affect the nominee's selection, but will enable the host institution to make any necessary accommodations.

**J. Nominee's Contact Information**Address: (No P.O. BOX) City: Home State or Province:   
*if applicable*Postal Code:   
*if applicable*Home Country Name: Email:  \*RequiredPhone:  Numbers only. For example:  
123456789Emergency Contact Name & Relationship:  Example: John Doe,  
HusbandEmergency Contact Phone:  Numbers onlyEmergency Contact Email: **K. Current Position, Title, Institution**Position Type: ☐ Senior University Official (President, Provost), Government Minister, Senior Executive,  
etc.☐ University Dean, Government Advisor, Vice President, Junior Executive☐ Senior Professor, Department Chair, Director, Editor, Officer, etc.☐ Associate Professor, Senior Researcher/Think-Tank Fellow, Senior Staff, etc.☐ Assistant Professor, Assistant Editor, Coordinator, mid-level Staff Researcher/Think-Tank  
fellow, etc.☐ Lecturer, Teacher, Consultant☐ Teaching Assistant, Instructor☐ OtherTitle: Institution Name: Institution Country: **L. Work Experience, Including Previous Positions and Titles**

From:	To:	Title/Institution (Please specify if position is part-time)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**M. Education, Academic and Professional Training:**

Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent.

Degree Earned	Year Earned	Specialization/Institution
Select...		

**Additional Professional Training:****N. Active Professional Memberships:**

Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

Position	Title	Organization
Select...		

**O. Publications Related to the Institute Theme (up to 10)**

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type	Year	Title Publisher
Select...		

**P. Has the Nominee Travelled to the U.S. Before:** Select... If yes, please specify below.

Purpose	From	To	Description
Select...			

**Q. Family/Friends Residing in the United States** Select... if yes, please specify below

\*Please include city and state (Example: John Doe - Chicago, IL)

**R. Evidence of English Fluency** (Please comment on the nominee's level of English)

**S. Professional Responsibilities**

Nominee should discuss professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design), and/or other pertinent information.

**Current Courses Taught:**

Course Title	Level of Students	Classroom Hours Per Semester	# Students	U.S. Studies Content (%)
	Select...			

**Current Student Advising:**

Advising is not the same as teaching. We are looking for the number of students, their level, and hours the nominee spends providing assistance in helping students clarifying personal and career goals, and evaluating progress towards those goals. This section can also include those that supervise PhD and graduate students.

Number of Students Advised Studying U.S. Related Topics	Level of Students	Hours of Advising Per Student Per Year
	Select...	

**Other Potential Outcomes:**

Please select any likely potential professional outcomes of this program.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Update Existing Course         | <input type="checkbox"/> Create New Course            | <input type="checkbox"/> Create New Degree Program     |
| <input type="checkbox"/> University Curriculum Redesign | <input type="checkbox"/> National Curriculum Redesign | <input type="checkbox"/> New Research Project          |
| <input type="checkbox"/> New Publication                | <input type="checkbox"/> Professional Promotion       | <input type="checkbox"/> Government or Ministry Policy |
| <input type="checkbox"/> New Professional Organization  | <input type="checkbox"/> New Institutional Linkages   | <input type="checkbox"/> Raise Institutional Profile   |

**T. Personal Essay** (Limit 250 words)

Please insert the nominee's personal essay here. The essay should be no more than 250 words and should convey why the nominee is interested in participating in the particular Institute, what s/he expects to gain, and what s/he will contribute to Institute. The personal statement should also address how s/he will leverage the experience to achieve "other potential outcomes" checked in the above section. In addition, the essay should describe the nominee's capacity to amplify the impact of the program beyond their research and knowledge.

**U. Statement by Commission/Post justifying participation of nominee in the Institute**

(Limit 250 words each)

- (1) Please discuss why this individual has been nominated above all others, and how this nominee's participation fits into the Post's current efforts to promote a greater understanding of the United States.

- (2) Please discuss how the nominee's participation is relevant to the Post's Mission Goals, and what sort of on-going collaboration the Post anticipates having with either the nominee or nominee's institution in the future.

**V. Post or Commission Action Officer**

The person whom ECA-A-E-USS should contact with all inquiries about the nomination.

Post/Commission: Post Country: Region: Post Contact Name: Post Contact Email: Secondary Post Contact   
Name:Secondary Post Contact   
Email: